

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. QCS-001DV3

First Named Inventor Kamieniecki

Title REAL-TIME IN-LINE TESTING OF  
SEMICONDUCTOR WAFERS

## APPLICATION ELEMENTS

ADDRESS TO: Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

1. ☒ Fee Transmittal Form
2. ☒ Small Entity Status  
☐ Applicant claims small entity status  
☒ Status established in prior application and is still proper and desired

## ACCOMPANYING APPLICATION PARTS

3. ☒ Specification and Drawings [Total Pages 47]  
- Written Description - (21 pages)  
- Claims - (16 pages)  
- Abstract - (1 page)  
- Sheets of Drawings - (9 sheets)  
☐ Formal  
☒ Informal

8. ☐ 37 CFR 3.73(b) Statement (when there is an assignee)  
☐ Power of Attorney

9. ☐ English Translation Document (if applicable)

10. ☒ Information Disclosure Statement (IDS)/PTO-1449  
☐ Copies of IDS Citations

4. ☒ Oath or Declaration [Total Pages 2]  
a. ☐ Newly executed (original)  
b. ☒ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]

11. ☒ Preliminary Amendment [Total pages 7]  
☐ Drawings [Total Sheets ]  
☐ Letter to Official Draftsperson Including Drawings [Total Pages ]

12. ☒ Return Receipt Postcard

5. ☒ Incorporation by Reference (usable if Box 4b is checked)  
The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

13. ☐ Certified Copy of Priority Document(s)

6. ☒ Application Data Sheet
7. ☐ Nucleotide and/or Amino Acid Sequence Submission  
☐ Computer Readable Copy  
☐ Paper Copy (identical to computer copy)  
☐ CD (identical to computer copy)  
☐ Statement verifying identity of above copies

14. ☐ Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application.

15. ☐ CD in duplicate for large table or computer program.

16. ☒ Other: Copy of Power of Attorney by Assignee of Entire Interest (Revocation of Prior Powers) (3 pp.); Associate Power of Attorney ( 1 pg.); Transmittal of Formal Drawings (1 pg.); and Formal Drawings (7 sheets)

17. ☒ If a CONTINUING APPLICATION, amend the specification by inserting on page 1, before the first line, the sentence:  
--This is a

☐ continuation ☒ divisional ☐ continuation-in-part of prior application Serial No. 09/488,647, filed on January 20, 2000, the entire disclosure of which is incorporated by reference herein.--

Priority to the above application(s) is claimed under 35 U.S.C. 120.

Prior application information: Examiner: K. Picardat. Group/Art Unit: 2822.

18. ☐ Priority - 35 U.S.C. 119

- ☐ Priority of application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_ in \_\_\_\_\_ is claimed under 35 U.S.C. 119.  
☐ The certified copy has been filed in prior U.S. application Serial No. \_\_\_\_\_/\_\_\_\_\_ on \_\_\_\_\_.  
☐ The certified copy will follow.

## CORRESPONDENCE ADDRESS

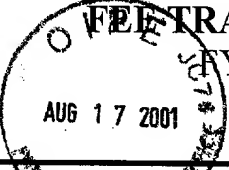
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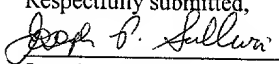
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Respectfully submitted,

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|  |                           |                     |            |
|--|---------------------------|---------------------|------------|
|  | Complete if Known         |                     |            |
|  | Application Serial Number | Not yet assigned    |            |
|  | Filing Date               | Herewith            |            |
|  | First Named Inventor      | Kamieniecki         |            |
|  | Group Art Unit            | Not yet assigned    |            |
|  | Examiner Name             | Not yet assigned    |            |
|  |                           | Attorney Docket No. | QCS-001DV3 |

| METHOD OF PAYMENT  |                                 |  |              | FEE CALCULATION (continued)   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
|--|---------------------------------|--|--------------|---|---------------------------------|---------------|------|-----------------------|-----------------------|-----------------|-------------------|--------------|-----|--------------------------------------|---|---------|--------------|---|---|-----|-----|---------------------------|--------------|--------|-------|--|--|--------|------------------------|--|--|-----|--------|---|--|-----|-----|--|---|-------|-----|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|--|--|---------------------|--|--|--|---------------------|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                                 |  |              | 3. ADDITIONAL FEES<br><table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge -- late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge -- late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>390</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>890</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1,390</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1,890</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>310</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>310</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>270</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>50</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>710</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>710</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify)</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify)</td> <td></td> </tr> </tbody> </table> |                                 |               |      | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid          | 130          | 65  | Surcharge -- late filing fee or oath |   | 50      | 25           | Surcharge -- late provisional filing fee or cover sheet |   | 130 | 130 | Non-English specification |              | 2,520  | 2,520 | For filing a request for reexamination |  | 110    | 55                     | Extension for reply within first month |  | 390 | 195    | Extension for reply within second month |  | 890 | 445 | Extension for reply within third month |   | 1,390 | 695 | Extension for reply within fourth month |  | 1,890 | 945 | Extension for reply within fifth month |  | 310 | 155 | Notice of Appeal |  | 310 | 155 | Filing a brief in support of an appeal |  | 270 | 135 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Petitions related to provisional applications |  | 180 | 180 | Submission of Information Disclosure Statement |  | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$)           | Fee Description  | Fee Paid     |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 130  | 65                              | Surcharge -- late filing fee or oath                           |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 50   | 25                              | Surcharge -- late provisional filing fee or cover sheet        |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 130  | 130                             | Non-English specification                                      |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 2,520  | 2,520                           | For filing a request for reexamination                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 110  | 55                              | Extension for reply within first month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 390  | 195                             | Extension for reply within second month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 890  | 445                             | Extension for reply within third month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 1,390  | 695                             | Extension for reply within fourth month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 1,890  | 945                             | Extension for reply within fifth month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 310  | 155                             | Notice of Appeal   |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 310  | 155                             | Filing a brief in support of an appeal                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 270  | 135                             | Request for oral hearing                                       |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 130  | 130                             | Petitions to the Commissioner                                  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 50   | 50                              | Petitions related to provisional applications                  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 180  | 180                             | Submission of Information Disclosure Statement                 |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 710  | 355                             | Filing a submission after final rejection (37 CFR 1.129(a))    |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 710  | 355                             | For each additional invention to be examined (37 CFR 1.129(b)) |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
|  |                                 | Other fee (Specify)  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
|  |                                 | Other fee (Specify)  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 3. <input checked="" type="checkbox"/> Applicant claims small entity status.   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| FEE CALCULATION  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 1. FILING FEE  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>710</td> <td>Utility filing fee</td> <td>710.00</td> </tr> <tr> <td>320</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>150</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>  |                                 |  |              | Large Entity Fee (\$)   | Fee Description                 | Fee Paid      | 710  | Utility filing fee    | 710.00                | 320             | Design filing fee |              | 150 | Provisional filing fee               |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 710  | Utility filing fee              | 710.00   |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 320  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 150  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| <table border="1"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>5</td> <td>- 20 = 0</td> <td>x \$ 18.00 =</td> <td>.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3 = 0</td> <td>x \$ 80.00 =</td> <td>.00</td> </tr> <tr> <td colspan="4">Multiple Dependent Claim(s), if any</td> <td>\$270.00 =</td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>710.00</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td>355.00</td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table>                     |                                 |  |              |   | Number Filed                    | Number Extra  | Rate | Amount                | Total Claims          | 5               | - 20 = 0          | x \$ 18.00 = | .00 | Independent Claims                   | 1 | - 3 = 0 | x \$ 80.00 = | .00   | Multiple Dependent Claim(s), if any       |     |     |                           | \$270.00 =   | TOTAL: |       |  |  | 710.00 | SMALL ENTITY DISCOUNT: |  |  |     | 355.00 | SUBTOTAL (1)                            |  |     |     | (\$)                                   |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
|  | Number Filed                    | Number Extra   | Rate         | Amount  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Total Claims   | 5                               | - 20 = 0   | x \$ 18.00 = | .00   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Independent Claims   | 1                               | - 3 = 0  | x \$ 80.00 = | .00   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Multiple Dependent Claim(s), if any  |                                 |  |              | \$270.00 =  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| TOTAL:   |                                 |  |              | 710.00  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              | 355.00  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| SUBTOTAL (1)   |                                 |  |              | (\$)  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| 2. AMENDMENT CLAIM FEES  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 80.00 =</td> <td></td> </tr> <tr> <td colspan="4">First Presentation of Multiple Dep. Claim</td> <td>+ \$270.00 =</td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$).00</td> </tr> </tbody> </table> |                                 |  |              | Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid              | Total                 | -               | =                 | x \$ 18.00 = |     | Indep.                               | - | =       | x \$ 80.00 = |   | First Presentation of Multiple Dep. Claim |     |     |                           | + \$270.00 = | TOTAL: |       |  |  | (\$)   | SMALL ENTITY DISCOUNT: |  |  |     | (\$)   | SUBTOTAL (2)                            |  |     |     | (\$).00                                | SUBTOTAL (3) (\$).00<br><br>SUBTOTAL (1) 355.00<br>SUBTOTAL (2) .00<br>SUBTOTAL (3) .00<br><br>TOTAL (\$) |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra  | Rate         | Fee Paid  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Total  | -                               | =  | x \$ 18.00 = |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Indep.   | -                               | =  | x \$ 80.00 = |   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| First Presentation of Multiple Dep. Claim  |                                 |  |              | + \$270.00 =  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| TOTAL:   |                                 |  |              | (\$)  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              | (\$)  |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| SUBTOTAL (2)   |                                 |  |              | (\$).00   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| CORRESPONDENCE ADDRESS   |                                 |  |              | SIGNATURE BLOCK   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |                                 |  |              | Respectfully submitted,<br><br>Joseph P. Sullivan<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110   |                                 |               |      |                       |                       |                 |                   |              |     |                                      |   |         |              |   |   |     |     |                           |              |        |       |  |  |        |                        |  |  |     |        |   |  |     |     |  |   |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |  |  |  |                     |  |

PATENT

Attorney Docket No. QCS-001DV3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Kamieniecki et al. BATCH NO.:  
SERIAL NO.: Not yet assigned GROUP NO.: Not yet assigned  
FILING DATE: August 17, 2001 EXAMINER: Not yet assigned  
TITLE: Real-Time In-Line Testing of Semiconductor Wafers

Box CPA  
Assistant Commissioner for Patents  
Washington, D.C. 20231

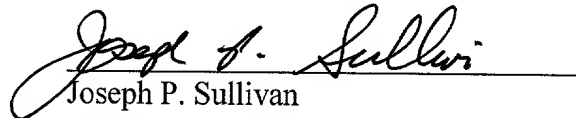
**TRANSMITTAL OF FORMAL DRAWINGS**

Sir:

Attached please find:

- (a) the formal drawing(s) for this application - Number of Sheets -7.

Respectfully submitted,

  
Joseph P. Sullivan

Attorney for Applicants  
Testa, Hurwitz, & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, Massachusetts 02110

Date: August 17, 2001  
Reg. No. 45,349

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